



KAY IVEY, STATE TREASURER

UNCLAIMED PROPERTY DIVISION

P. O. Box 302520 • Montgomery, AL 36130-2520 • (334) 242-9614

• Toll Free 1-888-844-8400 • Fax (334) 242-9620

REPORT FORM 1

☐ Check here if negative report

PART I — Business Information

REPORT DATE	FOR PERIOD ENDING	REPORT YEAR	FEIN #
CHECK NUMBER	TOTAL REMITTED AMOUNT	NUMBER OF PAGES	NUMBER OF OWNERS/RECORDS REPORTED
REPORT TOTAL SHARES	TOTAL REPORTED SAFE DEPOSIT BOXES	COMMENTS	

THIS REPORT INCLUDES:

☐ All Branches and Divisions ☐ All Subsidiaries ☐ Only This Company/Branch/Division

NAME OF BUSINESS	STATE OF INCORPORATION		
MAILING ADDRESS	DATE OF INCORPORATION		
ADDRESS CONT'D.	STANDARD INDUSTRIAL CLASSIFICATION CODE		
CITY	STATE	ZIP	COUNTY

PART II — Previous Business Name

If held in other name during the Report Year list the name and address

NAME OF PREVIOUS BUSINESS	PREVIOUS FEIN
ADDRESS (STREET, CITY, STATE, ZIP)	

PART III — Primary Business Activity Information

IS THE HOLDER

☐ A Subsidiary (Wholly Owned) ☐ A Division ☐ Publicly Traded ☐ Private ☐ Government Entity

NAME OF PARENT COMPANY	PARENT FEIN:
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PART IV — Contact Information

CONTACT PERSON	TITLE	
TELEPHONE NUMBER ()	EXTENSION	FAX NUMBER ()

PART V — Affidavit

State of _____, County of _____

I, _____, do hereby certify the following as of the date my signature is notarized below: (1) I am duly authorized to execute this report and make the following representations on behalf of the holder listed above. (2) Said holder has performed due diligence as required by Section 35-12-31(e), Code of Alabama 1975. (3) To the best of my knowledge this report is an accurate and complete account of all property in the Holder's custody which is presumed abandoned under the Alabama Unclaimed Property Act.

Sworn to and subscribed before me this

the _____ day of _____, 20_____.

(Notary Public)

(Commission Expires)

(Authorized Signature)

FOR OFFICE USE ONLY	
VERIFIED BY	CHECK NUMBER
DEPOSIT	REPORT NUMBER
FILE NUMBER	HOLDER ID

REPORT FORM 3

This form must be completed and filed with Report Form 1 when reporting safe deposit box contents.



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Safe Deposit Box Contents

ONE OWNER PER PAGE

NAME OF BUSINESS _____ Page _____ of _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Federal ID _____ MONTH, DAY, YEAR _____ Report Year _____ Period Covered _____ to _____

OWNER'S NAME (LAST, FIRST, MIDDLE)		OWNER'S SOCIAL SECURITY NUMBER		BRANCH NAME, CITY & STATE WHERE PROPERTY WAS HELD		SAFE DEPOSIT BOX NUMBER	
CO-OWNER'S NAME (LAST, FIRST, MIDDLE)		CO-OWNER'S SOCIAL SECURITY NUMBER				DATE OF ABANDONMENT (MO., DAY, YR.)	
OWNER'S MAILING ADDRESS						DATE DRILLED ⁹ (MO., DAY, YR.)	
QUANTITY	DESCRIPTION OF CONTENTS	TREASURER'S USE	QUANTITY	DESCRIPTION OF CONTENTS	TREASURER'S USE		
1			1				
2			2				
3			3				
4			4				
5			5				
6			6				
7			7				
8			8				
9			9				
10			10				
11			11				
12			12				
13			13				
14			14				
15			15				
16			16				

Inventoried By:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

This form may be duplicated for additional owners